

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000058825

FILED
Apr 19, 2009
Secretary of State

Entity Name: PAIN MANAGEMENT PHYSICIANS OF SOUTH FLORIDA, P.L.

Current Principal Place of Business:

6295 NW 96 TERRACE
PARKLAND, FL 33076 US

New Principal Place of Business:

Current Mailing Address:

6295 NW 96 TERRACE
PARKLAND, FL 33076 US

New Mailing Address:

FEI Number: 20-5015243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDBERG, ANDREW
6295 NW 96 TERRACE
PARKLAND, FL 33076 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GOLDBERG, ANDREW J
Address: 6295 NW 96 TERRACE
City-St-Zip: PARKLAND, FL 33076 US

Title: MGRM () Delete
Name: WACHSMAN, SETH C
Address: 7146 NW 127 WAY
City-St-Zip: PARKLAND, FL 33076 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ANDREW GOLDBERG

MGRM

04/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date